

## Quarterly Doses Administered Report For Special Vaccine Projects

VFC PIN

This form applies ONLY to Special Vaccine Projects authorized through the Utah Immunization Program.

|   |           |                |
|---|-----------|----------------|
| 2. Clinic Name  |           | Phone #        |
| Name of Person Submitting Form  |           | Quarter / Year |
| 3. I certify under penalty of law that the below information is true. | Signature | Date           |

| 4. Total Number of <u>Patient's Vaccinated</u> |    |     |      |     |       |
|--|----|-----|------|-----|-------|
| Age  | <1 | 1-6 | 7-18 | >18 | Total |

| 5. Total Number of <u>Doses</u> Administered |    |      |                  |                |           |           |     |     |           |             |           |             |            |     |     |                         |     |      |                        |                             |           |    |      |           |       |
|--|----|------|------------------|----------------|-----------|-----------|-----|-----|-----------|-------------|-----------|-------------|------------|-----|-----|-------------------------|-----|------|------------------------|-----------------------------|-----------|----|------|-----------|-------|
| Age  | DT | DTaP | DTaP/ Hep B/ IPV | DTaP/ Hib/ IPV | DTaP/ Hib | DTaP/ IPV | Flu | IPV | Hep A Ped | Hep A Adult | Hep B Ped | Hep B Adult | Hep B/ Hib | Hib | HPV | Meningococcal Conjugate | MMR | MMRV | Pneumococcal Conjugate | Pneumococcal Polysaccharide | Rotavirus | Td | Tdap | Varicella | Total |
| <1   |    |      |                  |                |           |           |     |     |           |             |           |             |            |     |     |                         |     |      |                        |                             |           |    |      |           |       |
| 1-6  |    |      |                  |                |           |           |     |     |           |             |           |             |            |     |     |                         |     |      |                        |                             |           |    |      |           |       |
| 7-18   |    |      |                  |                |           |           |     |     |           |             |           |             |            |     |     |                         |     |      |                        |                             |           |    |      |           |       |
| >18  |    |      |                  |                |           |           |     |     |           |             |           |             |            |     |     |                         |     |      |                        |                             |           |    |      |           |       |
| Total  |    |      |                  |                |           |           |     |     |           |             |           |             |            |     |     |                         |     |      |                        |                             |           |    |      |           |       |

## Instructions for Completing the Quarterly Doses Administered Report For Special Vaccine Projects

Complete and submit this form to the Utah VFC Program within 15 days following the end of each quarter.

|                                |                                    |                                    |
|--------------------------------|------------------------------------|------------------------------------|
| <b>1<sup>st</sup> Quarter:</b> | <i>January, February, March</i>    | Due <b>April 15<sup>th</sup></b>   |
| <b>2<sup>nd</sup> Quarter:</b> | <i>April, May, June</i>            | Due <b>July 15<sup>th</sup></b>    |
| <b>3<sup>rd</sup> Quarter:</b> | <i>July, August, September</i>     | Due <b>October 15<sup>th</sup></b> |
| <b>4<sup>th</sup> Quarter:</b> | <i>October, November, December</i> | Due <b>January 15<sup>th</sup></b> |

1. Enter VFC Pin. (Verify if unsure of correct number.)
2. Print the clinic name, phone number, quarter and year of this report, and name of the person completing this form.
3. Read the attestation statement, sign and date. (Forms will not be accepted without signature.)
4. On the Total Number of Patients Vaccinated table, enter the number of individuals who received vaccines in the proper age category. **Total** each row and column.
5. On the Total Number of Doses Administered table, enter the number of doses administered by age and vaccine type. **Total** each row and column.

**Use of Doses Administered Tally Sheet is Optional.  
Please do NOT return Tally Sheets.**

Mail or fax the Quarterly Doses Administered Report to:  
Utah Department of Health  
Immunization Program  
PO Box 142001  
Salt Lake City, UT 84114-2001  
(801) 538-9450  
**FAX: (801) 538-9440**